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CONFIRMATION NO. 4693

Bib Data Sheet

SERIAL NUMBER 10/539,658	FILING OR 371(c) DATE 07/11/2005 RULE	CLASS 623	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 8932-1183-999
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/CH02/00708 12/17/2002

** FOREIGN APPLICATIONS *****

MBP none

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 12	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	 Michael B. P. Smith	Examiner's Signature	Initials		

ADDRESS

51832

TITLE

Intervertebral implant

FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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